

Emergency Solutions Grant (ESG) Supplement to Verification of Eligibility

THIRD PARTY ORAL VERIFICATION

☐ Housing Status

☐ Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

Client Name	
HMIS Client Identifier	
Date	
Discussion	
Name of Third Party Verifier	
Position/Title	
Telephone	
Organization/Agency	